

**DEPARTMENT OF FISH AND GAME
NATURAL RESOURCE VOLUNTEER PROGRAM
CONFIDENTIAL
PERSONAL HISTORY STATEMENT**

PERSONAL (The following information is requested of you for verification and contact purposes):

1. Please type or print your legal name

Last _____ **First** _____ **Middle** _____

2. Address

Residence:

(number) (street) (city) (State) (ZIP)

Mailing (if different from residence):

(number) (street) (city) (State) (ZIP)

3. Please list your residence phone and an alternate number for messages

Residence # () _____ **Other #** () _____

4. E-mail address (if you have one): _____

5. Birth date: Mo: _____ **Day:** _____ **Year:** _____

6. Social Security Number: _____ - _____ - _____

7. Are you a United States Citizen? ____ **Do you speak another language other than English?** ____

8. Prior Military Service? Yes ____ **No** ____ **If yes, which branch?** _____
How many years? _____

EDUCATION

9. Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment may be contacted.

Name of School	Location of School	Dates Attended	Major	Degree Earned
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REFERENCES, ACQUAINTANCES

9. In the space below please list as references three individuals such as co-workers and supervisors who have knowledge of you and your character. Exclude relatives.

Past co-workers and supervisors are acceptable.

Name	Address where person can be contacted	Telephone Number	
		Work	Home

10. In the space below, please list as references three other individuals who have knowledge of you and your character. Exclude relatives. Example neighbors, family friends, roommates, teachers, classmates, etc.

Name	Address where person can be contacted	Telephone Number	
		Work	Home

EXPERIENCE AND EMPLOYMENT

11. Beginning with your most current employment, please list all jobs (part-time, temporary, and voluntary positions) you have held in the last seven years.

Name of Employer: _____ Contact Person _____ Telephone No. _____
Address: _____
Phone Number: _____ Dates of Employment: ____ to ____ Years employed: ____
Job Title: _____ ____ Full Time ____ Part Time ____ Volunteer
Reason for leaving: _____

Name of Employer: _____ Contact Person _____ Telephone No. _____
Address: _____
Phone Number: _____ Dates of Employment: ____ to ____ Years employed: ____
Job Title: _____ ____ Full Time ____ Part Time ____ Volunteer
Reason for leaving: _____

Name of Employer: _____ Contact Person _____ Telephone No. _____
Address: _____
Phone Number: _____ Dates of Employment: ____ to ____ Years employed: ____
Job Title: _____ ____ Full Time ____ Part Time ____ Volunteer
Reason for leaving: _____

MOTOR VEHICLE OPERATION

An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

12. **California Driver's License Number** _____
Expiration Date _____ **Class (Type of License)** _____
Name under which license was granted _____
Other names used? _____
Please list other states where you have been licensed to operate a motor vehicle.
State _____ **License #** _____ **State** _____ **License #** _____

13. **Have you ever been refused a driver's license by any state?** ____ Yes ____ No

14. **Have you ever applied for or obtained a driver's license under a fictitious name?**
____ Yes ____ No

15. **Have you ever been refused insurance for any reason other than failure to pay a premium?** ____ Yes ____ No ____

16. **If the answer to any question from #13 through #15 is yes, please explain:**

17. **Will you supply us with proof of auto insurance, including policy number, insurance company name and expiration date?** Yes ____ No ____

18. **Please list all traffic citations (excluding parking violations) you have received in the last 5 years.**

Nature of Violation	Location (City of State)	Approximate Date	Action Taken
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. **Do you have special skills or qualifications which you feel would especially qualify you for volunteer work with the Department of Fish and Game Natural Resource Volunteer Program?** _____

20. **Describe any physical defects or disabilities, including vision limitations or hearing problems that would affect your ability to perform as a volunteer. Specifically the ability to safely operate a motor vehicle, and the capability of lifting approximately 25 pounds (tongue weight of a trailer).** _____

LEGAL

21. Have you ever been convicted of any criminal offense?
(Do not include traffic tickets unless you were taken into custody.) Yes ____ No ____
22. Have you ever been placed on court probation? Yes ____ No ____
23. Have you ever received a misdemeanor citation in lieu of going to jail? Yes ____ No ____
24. Has there been anything else in your past which might disqualify you from functioning in a uniformed capacity? Yes ____ No ____
25. Have you ever applied for a permit to carry a concealed weapon? Yes ____ No ____
26. Are you now or have you ever been involved as a plaintiff in any civil court action?
Yes ____ No ____
27. If the answer to any question from #21 through #26 is YES, please give a full explanation below:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

I understand that any appointment tendered me will be contingent upon the results of a thorough background investigation. I hereby certify that all the statements made by me in this personal history statement are true and complete, and I understand that any discrepancies, misstatements, omissions, and/or falsifications will cause my name to be removed from the eligible list, or be cause for immediate dismissal, if an appointment was made. I have read the above statement, and prior to submitting my personal history statement, I have reviewed it carefully for accuracy.

Full Signature

Date

CALIFORNIA DEPARTMENT OF FISH AND GAME

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize the State of California to request information and copies of the following items for employment purposes:

- Documents contained in my Official Personnel File
- My attendance reports for the past three (3) years
- Any Personnel Action Requests
- My last four (4) Performance Reviews
- Any information of a negative nature or adverse action
- Any other personnel/payroll related information

I also authorize the State of California to contact my former supervisors and other appropriate references to obtain information regarding my past job performance. A photocopy of this release shall be considered the same as an original. This authorization expires 12 months from the date indicated below.

Signature

Social Security Number

Date

NATURAL RESOURCE VOLUNTEER PROGRAM INCOMPATIBLE ACTIVITIES

INCOMPATIBLE ACTIVITIES

The following activities, employment, or enterprise by employees of the Department of Fish and Game are determined to be inconsistent, incompatible, and in conflict with their duties as a State employee (provisions outlining the circumstances under which something is considered an incompatible activity are listed on the Department Operations Manual under Section 12770 through Section 12775). No attempt is made here to list all of the restrictions on these activities, or to list all of the provisions of the law and administrative rules that must be observed.

1. Use of State time, property, or position for anything other than State business.
2. Outside employment, activity, or enterprise (including teaching, lecturing, or writing), with or without compensation, which directly or indirectly affects the State.
3. Accepting personal gifts and financial interests.
4. Improper use of confidential information.
5. Political activity of employees is controlled by the Hatch Act and/or other federal, state, or local laws. Employees contemplating political activity should determine whether or not the planned activity would violate federal, state, or local laws.

Signature

Date

CALIFORNIA DEPARTMENT OF FISH AND GAME
NATURAL RESOURCE VOLUNTEER PROGRAM
QUESTIONNAIRE

1. How does your spouse feel about you spending a minimum of 24 hours per month as a non-paid volunteer?
2. Would there be a concern for your safety?
3. Are there any known circumstances, such as a spouse's ill health, obligation to an aging parent, or other commitments that might interfere?
4. Are you currently working? If so, how much?
5. Are you now, or have you previously been active with another volunteer organization? Was it with another law enforcement agency?
6. Are you teachable? Are you accountable? Are you available?
7. Are you willing and able to take orders, instruction and direction?
8. How do you feel about working in the office versus working in the field?
9. Do you object to one or the other, or strongly prefer one or the other?
10. Will you be able to attend a monthly staff meeting?
11. Will 24 hours per month be your maximum, or are you looking for more volunteer hours?
12. Would you be interested in a volunteer teaching position?
13. Will you be able to attend a two week training academy?
14. Are you familiar with computers and comfortable using them?

15. Have you ever been contacted by a Department employee?

16. Do you hunt or fish? If so, how often?

17. Do you have experience with any of the following?

- A. Restricted species
- B. Environmental Impact Reports
- C. Pollution Response
- D. Inspections
- E. Court or Legal proceedings
- F. Accounting/Book Keeping
- G. Animal Care
- H. Public Relations/Public Information Officer
- I. Boat Handling
- J. Mechanic
- K. General Repairs
- L. Fund Raising
- M. Teaching/Instruction
- N. Newsletter preparation
- O. Construction/Plumbing/Electrician
- P. First Aid/CPR
- Q. Photography/Video